Status: Finalized

### I. Hospital Information

Hospital Name: ST VINCENT SALEM HOSPITAL, INC

Provider #: 15134, 15Z314

City: Salem

County: Washington

Year: 2013

Person Completing the Report: Marla Hannah

Email Address: msander2@stvincent.org

### LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: Acute License LTC Certification

Private Accreditation: **V** JCAHO HFAP

CMS Specialized Hosp: CAH TLC Rehab

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 129.46

#### II. Hospital Service Utilization

Hospital Service Description	Number of Set- up Beds	Number of Discharges	Number of Patient Days	Annual Total Charges
Burn Care	0	0	0	\$0
Cardiac Intensive	0	0	0	\$0
ICU Medical/Surgical	0	0	0	\$0
ICU Neonatal	0	0	0	\$0
ICU Pediatric	0	0	0	\$0
Medical/Surgical	25	315	922	\$4,380,107
Neonatal Intermediate	0	0	0	\$0
Normal Newborn	0	0	0	\$0
Obstetrics	0	0	0	\$0
Pediatric	0	0	0	\$0

Psychiatric	0	0	0	\$0
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Bed Program	NA	50	465	\$334,428
Extended Care	0	0	0	\$0
Observation Beds	0	0	0	\$0
All Other Services	0	0	0	NA
Total Acute	25	365	1387	NA

# III. Nursing Facility Utilization

	Number of Licensed Beds	Number of Discharges	Number of Patient Days
Nursing Facility	0	0	0

# IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

Diagnostic Categories	Number of Encounters	Diagnostic Categories	Number of Encounters
Infectious Disease	308	HIV	0
Neoplasms	358	Endocrine	1386
Diseases of Blood	347	Mental Disorders	1765
Nervous	917	Circulatory	2706
Respiratory	1379	Digestive Diseases	1259
Genitourinary	1415	Pregnancy	119
Skin	557	Musculoskeletal	2539
Congenital	38	Perinatal	41
All Injuries	2558		
Other/Known	14491	Total Encounters	32183

Total ED Visits	ED Injury Visits	ED Injury Admissions
8376	2433	140

#### Comments